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### Course Objective:

This course will help Minnesota's Federal, State and Local government managers understand the nature and threat posed by chemical, biological, radiological and nuclear (CBRN) Weapons of Mass Destruction (WMD). This course will provide managers the tools necessary to plan, prepare, protect and mitigate the effects of a WMD incident on their employees and their facilities. **Note: This class is certified by the Federal Emergency Management Agency (FEMA) Emergency Management Institute and the Soldier, Biological and Chemical command of the U. S. Army.**

### What you Will Learn:

- Basic Awareness of chemical, biological radiological and nuclear terrorism
- Awareness of CBRN materials and dissemination devices
- Signs and symptoms of a CBRN incident
- Ways for manager to plan prepare and protect their employees and facilities
- Tools to assist managers in revising their emergency plans and procedures

**Who will conduct this training:** CBRN Subject Matter Experts from the U.S. Army's Soldier, Biological and Chemical Command (SBCCOM) and the Federal Emergency Management Agency (FEMA)

**DATE:** January 8, 2003

**TIME:** 8:00 a.m. - 4:00 p.m. (Check-in 7:30)

**LOCATION:** BHW Federal Building  
G-110 Conference Room - group floor  
1 Federal Drive  
Saint Paul, Minnesota 55111 (Fort Snelling)

**PARKING:** Parking lot available at site

**COST:** \$250.00 each for 1-5 people from your agency  
\$225.00 each for 5-10 from your agency  
\$200.00 each for 11 or more from your agency

**REGISTRATION:** Registration will be by means of the attached form and will be accepted for only the date indicated. Registrations will be accepted until course is full.

**NO CONFIRMATIONS WILL BE SENT. YOU WILL BE NOTIFIED IF CLASS IS FULL.**

**REGISTRATION FORM**

**TO: CASU**

**FROM:**

**SUBJECT: Weapons of Mass Destruction for Federal, State and Local government  
Managers**

**January 8, 2003**

**1. Agency:**

**Agency Address:**

**Agency Contact:**

**Telephone:**

**FAX:**

**Attendee Names:**

**Signature of Agency**

**Representative**

**2. Enclosed is Agency Check: \_\_\_\_\_ Credit Card Form \_\_\_\_\_  
or Training Form: \_\_\_\_ in the amount of \$ \_\_\_\_\_, for  
\_\_\_\_\_ attendees.**

3. Special Needs: (Interpreter, etc.):

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4. Registrations must be received NLT **Thursday, January 2, 2003**. All registrations are final. No refunds can be made. If you are unable to attend, please send a substitute. Agencies submitting obligating documents (DD form 1556, SF 182, etc.) will be billed for "No Shows".

5. Return to: **CASU**  
1 Federal Drive, Box 2  
BHW Federal Building  
Ft. Snelling, MN 55111  
Phone: 612-970-5588



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### COOPERATIVE ADMINISTRATIVE SUPPORT UNIT

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Box 2 • ☒ Bishop Henry Whipple Federal Building • ☒ 1 Federal Drive • ☒ Ft. Snelling, MN 55111  
PHONE: (612) 970-5588      FAX: (612) 970-5687      E-MAIL:  
dmcpschu@vba.va.gov

## CREDIT CARD ORDER FORM

Agency name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Agency Order Reference No. (If applicable) \_\_\_\_\_

Name of Credit Card User (as it appears on the card) \_\_\_\_\_

Card (Visa, MasterCard, etc.) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone number if you prefer to be called: \_\_\_\_\_

Item (s) or Event Ordered: \_\_\_\_\_

Date: (If appropriate) \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount to be charged:** \_\_\_\_\_

**Signature of Authorizing Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_